



142BH

Facility Notification System

3/27/2013

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DHH Facility Notification System

The Department of Health and Hospitals Facility Notification System provides an electronic means of form submission from facilities to the Medicaid Office, Office of Aging and Adult Services (OAAS), Statistical Resources, Inc. and Office of Citizens with Developmental Disabilities (OCDD). The following forms are available for electronic submission using this system: Form 142BH, Form 148 and 148W, Notification of Admission, Status Change, Discharge for Facility Care or Waiver Services, and a request for 148 PLI.

Obtaining Access to the system

To access the Facility Notification System, type the following link into your internet browser:

<https://bhsfweb.dhh.louisiana.gov/DHH148/>

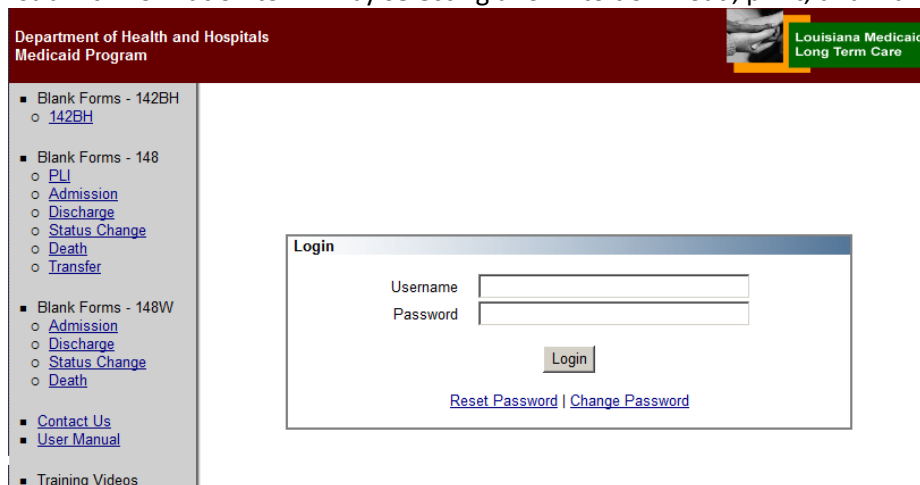
Statewide Management Organization (SMO) personnel can request access to the system by clicking the link **Register for Account** in the left menu. Each user will be required to complete a user ID request form and sign a confidentiality agreement. The original signed copies must be mailed to the address on the form. **Each user within the facility must complete an access form, and provide a separate email address. User names and passwords are not to be shared.**

Login Process

To log into the system enter your assigned username and password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both username and password are entered, either click the login button or press the **Enter** key. If any information is incorrect or invalid, you will be redirected to the login screen and prompted to make corrections before continuing.

Note: In the left menu of the login screen there are links for blank forms. If the system is unavailable or you are unable to log in, you may still submit information to DHH by selecting a form to download, print, and mail.



Department of Health and Hospitals
Medicaid Program

Louisiana Medicaid
Long Term Care

- Blank Forms - 142BH
 - [142BH](#)
- Blank Forms - 148
 - [PLI](#)
 - [Admission](#)
 - [Discharge](#)
 - [Status Change](#)
 - [Death](#)
 - [Transfer](#)
- Blank Forms - 148W
 - [Admission](#)
 - [Discharge](#)
 - [Status Change](#)
 - [Death](#)
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Login

Username

Password

[Reset Password](#) | [Change Password](#)

Reset or Change Password

Your username will always be your email address. If you require a password reset or change, there are **Reset Password** and **Change Password** options on the Login screen. Your new password will be sent to you via email.

Completing a 142BH Form

After completing the login process, you are presented with the homepage/search screen. The 142BH **Form Type** will be automatically chosen for you.

Select Form Type

Form Type142BH - Notice of Medical Certification - Behaviora [New Applicant]

Searching for an existing applicant

ALWAYS USE THE SEARCH FEATURE TO BEGIN THE FORM SUBMISSION PROCESS.

If Medicaid knows an applicant, a select link will appear on the bottom of the screen. After entering search criteria in **Applicant Search** and pressing **Search**, proceed by clicking the **Select** link next to the appropriate result. Verify the applicant is the correct choice by viewing the date of birth or last four digits of the Social Security number.

Note: Search results will display only if the enrollee is a current or a previous Medicaid applicant. If results are returned, all information known to Medicaid regarding the SMO and the applicant will pre-populate on the next screen.

Applicant Search

First NameLast NameDOBSSNCase NumberPerson No.

Search

Search Results

Please enter search criteria and press search ...

Once a 142BH is submitted on a particular applicant, the original form will always auto populate on the next screen. This form will be used each time a change is needed on a CsOC Waiver, demographic changes or to disenroll an applicant. After an applicant has been disenrolled, a new form will populate on the next submission attempt.

- In the following example, a search for “dummy-record” 111-11-1111 returned applicant UNO Development. Since this applicant is known to the Medicaid system, click **Select** in the **Search Results** box. Pressing **Select** will bring up the selected form type with that applicant’s information pre-populated.

| Search Results | | | |
|----------------|-----------|------------------|------------|
| Select | SSN | Applicant Name | DOB |
| Select | ****-1111 | DEVELOPMENT, UNO | 10/24/2008 |

If no results are returned, proceed by clicking the **New Applicant** link in the **Select Form Type** section.

| Select Form Type | |
|------------------|---|
| Form Type | <div>142BH - Notice of Medical Certification - Behaviora</div> <div>[New Applicant]</div> |

Section I. Demographic Information

Personal Information

For new applicants, complete all fields under **Demographic Information**.

When information is pre-populated, it can still be updated or corrected. After the information is populated, review to ensure all **Demographic Information** is correct. If it is not, select the **Update Personal Information** check-box and make any necessary changes.

If a child is under the age of 18, **Responsible Party** information must be entered.

Note: the **Responsible Party's** SSN is an optional section.

If the only information being updated or corrected occurs in **Section I. Demographic Information**, you can proceed with Submitting the form.

| I. Demographic Information | | | |
|---|----------------------|------------|-----------------------------------|
| <input checked="" type="checkbox"/> Update Personal Information, effective date: 01/24/2013 | | | |
| First Name: | UNO | Last Name: | DEVELOPMENT |
| Address: | 628 North 4th Street | | |
| Address 2: | 6th Floor | | |
| City, State Zip: | Baton Rouge | LA | 70802 |
| Parish: | Bienville | | |
| DOB: | 10/24/2008 | SSN: | ****-**-1111 Edit |
| <i>If applicant is under the age of 18, provide the following information of the responsible party.</i> | | | |
| First Name: | Uno Mom | Last Name: | Test |
| SSN (Optional): | Edit | | |

Medicaid Number

If an applicant is known to Medicaid, their Medicaid Number will be prepopulated in the **Medicaid No.** field.

Note: When a **Medicaid Number** is populated, it does not mean they are currently enrolled in Medicaid. Always, ask the recipient if they are currently enrolled in Medicaid. If the answer is “no”, check off **No** to the question “**Is the recipient enrolled in Medicaid?**” and then fill in the **Date Referred to Application Center** field.

Note: The **Date Referred to Application Center** is a required field if the applicant is not currently enrolled in Medicaid.

Is the recipient enrolled in Medicaid? ☒ Yes ☐ No

Medicaid No: 00000000000000 - or - Date Referred to Application Center:

-OR-

Is the recipient enrolled in Medicaid? ☐ Yes ☒ No

Medicaid No: 0000000000000 - or - Date Referred to Application Center: 02/07/2013

Section II. Coordinated System of Care

To complete **Section II**, you must first check off the button next to the heading **II. Coordinated System of Care** to begin filling in the required field(s).

II. Coordinated System of Care

When filling out the **Coordinated System of Care** section, the **Freedom of Choice Date Signed** field is required along with the **CANS Level** and **Living Setting**. Choose the **CANS Level** and **Living Setting** by clicking the drop down arrows.

II. Coordinated System of Care

Freedom of Choice Date Signed: 01/20/2013

CANS Level: ▼

Living Setting: ▼

Waiver Proposal: Psychiatric Inpatient/5
PRTF/4
Nursing Facility/3
Therapeutic Group Home/2d
CSOC Criteria/2c

III. 1915(i) State

II. Coordinated System of Care

Freedom of Choice Date Signed: 01/20/2013

CANS Level: Nursing Facility/3 ▼

Living Setting: ▼

Waiver Proposal: Inpatient psychiatric hospital
Nursing facility
PRTF
Inpatient home setting
Home setting
Inpatient acute hospital
Therapeutic group home
Substance abuse residential care
Therapeutic foster care
Non-Medical Group Home

III. 1915(i) State

For adults age 21 and below if he/she is elig

☐ LBHP - 1915(i)

Once the **CANS Level** and **Living Setting** is chosen, the **Waiver Proposal** is pre-populated for you.

II. Coordinated System of Care

Freedom of Choice Date Signed: 01/20/2013

CANS Level: Nursing Facility/3 ▼

Living Setting: Nursing facility ▼

Waiver Proposal: 1915(b)(3)

Use the current active form to make changes to demographics or change in the CsOC type Waiver. Do not cancel a form to change the CsOC type Waiver.

Section III. 1915(i) State Plan Amendment

To complete **Section III**, check off the button next to the heading **III. 1915(i) State Plan Amendment**. The **LBHP – 1915(i)** field will automatically be chosen because it's the only option available in this section. See below.

☒ **III. 1915(i) State Plan Amendment**

For adults age 21 and older or 19 and older if not otherwise eligible for Medicaid, indicate by checking the box below if he/she is eligible for the 1915 (i) SPA

☒ LBHP - 1915(i)

Section IV. Disenrollment

To dis-enroll, check off the button next to the heading **IV. Disenrollment** to begin filling in the required field(s). The box next to "the recipient is NO Longer enrolled in the 1915c, 1915(B) or the 1915(i) SPA" will be automatically chosen for you. Then, fill in the **Waiver Proposal End Date** field as shown below.

☒ **IV. Disenrollment**

☒ Check this box if the recipient is NO longer enrolled in the 1915C, 1915(B) or the 1915 (I) SPA.

Waiver Proposal End Date:

Section V. Effective Date Range

The **Effective Date Range** section is required when **Section II** or **Section III** is completed, updated, or changed. This section is completed differently depending on whether you're submitting a new form or updating an existing form.

Effective Date Range for New Applicants

To complete a 142BH for a New Applicant, enter a date into the **Waiver Proposal Begin Date** field. The **Waiver Proposal End Date** will prepopulate for you as shown below.

V. Effective Date Range

Waiver Proposal Begin Date:

Waiver Proposal End Date:

Effective Date Range for Existing Applicants

To complete a 142BH to add a new Waiver for an existing applicant, enter a new **Waiver Proposal Begin Date** under **Section V. Effective Date Range** as shown below.

Note: The **Waiver Proposal End Date** will be grayed out because the applicant's initial waiver end date will stay the same.

V. Effective Date Range

Waiver Proposal Begin Date: 02/07/2013

Waiver Proposal End Date:

Submitting the Form

Click **Submit** to send the form to DHH or click **Save Draft** to save the information entered and return later for completion.

Additional Info



Save Draft

Submit

Successful Form Submission

If you are returned to the home page after clicking the **Submit** button, your form was successfully submitted to DHH. You can confirm this by check the **History** from the home page. If the applicant appears in the history, your form was submitted.

Unsuccessful Form Submission

If you are returned to the top of the 142BH form and receive a “**Please correct the following item(s)**” message, your form was not submitted to DHH. Correct the items listed in the message and click the **Submit** button.



Please correct the following items:

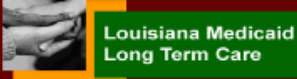
Resume Form

To resume a form saved as a draft, click on the **Resume Form** link on the top left of the home page. A list of forms that have been saved as a draft will be displayed. Click **Resume** next to the form to open the saved form.

Note: A **Search** field is available to make it easier to find saved drafts. Enter your search criteria in the field provided and click the **Go** button.

Department of Health and Hospitals
Medicaid Program
Resume Form

Currently logged in as CassieBH



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- [Start New Form](#)
- [Resume Form](#)
- [History](#)
- Blank Forms - 142BH
 - [142BH](#)
- [Contact Us](#)
- [User Manual](#)

Resume Form

Current Location: Magellan Health Services, Inc.

Search:

| Resume | Date Created | Applicant Name | Form Type |
|------------------------|------------------------------|--------------------------------|---------------------------|
| Resume | 01/29/2013 | Doe, Jane | 142BH |

Applicant Reassessment

When an applicant is within 60 days of the **Waiver Proposal End Date** an updated 142BH can be submitted for benefit renewal.

From the homepage, enter an **Applicant Search** and click the **Search** button.

Applicant Search

First Name

Last Name

DOB

SSN

Case Number

Person No.

Choose the correct applicant from the **Search Results** returned and click the **Select** hyperlink.

| Search Results | | | |
|------------------------|---------------------|--------------------------------|---------------------|
| Select | SSN | Applicant Name | DOB |
| Select | ****-1111 | DEVELOPMENT, UNO | 10/24/2008 |

Under section **I. Demographic Information**, click the “**here**” hyperlink as shown below.

I. Demographic Information

If the recipient's benefits are being renewed, click [here](#).

A prepopulated 142BH form will appear. Complete the form following the same instructions noted in previous sections of this guide and click the **Submit** button.

History

From the home page, click the **History** link in the left menu. Under the **History** section, a grid view of all of the forms submitted will be displayed. Paging arrows and links will appear in the bottom right hand side of the screen if more than one page of data is available. From here, a form can be **viewed** or **cancelled**. The **edit** feature cannot be used from **History**. To edit a form, return to the home page, search for the enrollee, and click select. The most recent 142BH form will be prepopulated.

Viewing a Form

To view a printable report of a specific form, click the **View** link to the left of the item.

Note: A **Search** field is available to make it easier to find submitted forms. Enter your search criteria in the field provided and click the **Go** button.

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 - [142BH](#)
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- [User Manual](#)
- Training Videos
 - [142BH](#)
- [Register For Account](#)

History

Current Location: Magellan Health Services, Inc.

Search: Go

| View | Edit | Cancel | Date Created | Date Submitted | Applicant Name | Form Type | Submitted By | Status |
|----------------------|----------------------|------------------------|------------------------------|--------------------------------|--------------------------------|---------------------------|------------------------------|------------------------|
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | Page, Folder | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, BRIANNA | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, ALEXIA | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Muses | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Carrollton | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Bacchus | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Applicant, New | 142BH | Cassie Behavior Porche | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Prep, Training | 142BH | Cassie Behavior Porche | Pending |

1 2 3 ▶▶ ◀◀

Cancelling a Form

Cancelling a form is only permitted when the **Status** appears as Pending. To cancel a form submission, click the **Cancel** link beside the form you wish to cancel. Enter any necessary notes in the **Comments** box, and then click the **Cancel Form** link. When reviewing the history of prior submissions, this form will now show as “**Cancelled**” in the **Cancel** column.

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History

Current Location: Magellan Health Services, Inc.

Search: Go

| View | Edit | Cancel | Date Created | Date Submitted | Applicant Name | Form Type | Submitted By | Status |
|----------------------|----------------------|---------------------------|------------------------------|--------------------------------|--------------------------------|---------------------------|------------------------------|------------------------|
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | Page, Folder | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, BRIANNA | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, ALEXIA | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Muses | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Carrollton | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Bacchus | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Applicant, New | 142BH | Cassie Behavior Porche | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Prep, Training | 142BH | Cassie Behavior Porche | Pending |
| View | -- | Cancel | 02/15/2013 | 02/15/2013 | JONES, RANDY | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | | | JONES, RANDY | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | | | | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | 02/07/2013 | 02/07/2013 | Gras, Lundi | 142BH | Cassie Behavior Porche | LBHP Eligible: Yes |
| View | -- | Cancel | 02/04/2013 | 02/04/2013 | BROWN, DONNA | 142BH | Patti Behavior Landreneau | Pending |
| View | -- | Cancel | 02/04/2013 | 02/04/2013 | Tines, Valen | 142BH | Cassie Behavior Porche | LBHP Eligible: No |
| View | -- | Cancelled | 02/01/2013 | 02/01/2013 | Cup, Tea | 142BH | Darrell Montgomery | Pending |

Cancel Form Submission - Comments

[Cancel Form](#) | [Close](#)

Form Status

In **History** the status of the form will be displayed in the far right column titled **Status**. The 142BH can display a status of **Pending** or **Medicaid Eligible: Yes, No, or Dis-enrolled**. Once an applicant has been dis-enrolled, a new 142BH must be submitted to enter a new waiver type. The form will remain in the Pending status until the case is either certified or rejected by Medicaid.

- Logout
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- History
- Blank Forms - 142BH
 - 142BH
- Contact Us
- User Manual
- Training Videos
 - 142BH
- Register For Account

History

Current Location: Magellan Health Services, Inc.

Search:

Go

| View | Edit | Cancel | Date Created | Date Submitted | Applicant Name | Form Type | Submitted By | Status |
|----------------------|----------------------|------------------------|------------------------------|--------------------------------|--------------------------------|---------------------------|------------------------------|------------------------|
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | Page, Folder | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, BRIANNA | 142BH | Patti Behavior Landreneau | LBHP Eligible: Yes |
| View | -- | Cancel | 02/19/2013 | 02/19/2013 | GREEN, ALEXIA | 142BH | Patti Behavior Landreneau | LBHP Eligible: No |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Muses | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Carrollton | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Parade, Bacchus | 142BH | Darrell Montgomery | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Applicant, New | 142BH | Cassie Behavior Porche | Pending |
| View | -- | Cancel | 02/18/2013 | 02/18/2013 | Prep, Training | 142BH | Cassie Behavior Porche | Pending |